

Minnesota  
STATE PLANNING AGENCY

Room 100 Capitol Square Building  
550 Cedar Street St. Paul, MN 55101

2972411

TOWN MEETING

MOOSE LAKE STATE HOSPITAL REGION

October 3, 1984

PROGRAM

INTRODUCTORY REMARKS

Miriam Karlins  
Town Meeting Coordinator

"FOR YOUR INFORMATION": A  
REVIEW OF CURRENT STUDIES

Colleen Wieck, Ph.D.  
Project Director

CITIZENS RESPOND

Audience Participation

Resource persons are available in the audience to answer questions and supply additional information.

In order to allow time for maximum audience participation, please limit your comments to three minutes.

Persons wishing to write or phone their suggestions, concerns, or questions may do so by writing to Colleen Wieck, Ph.D., Project Director, State Planning Agency, 201 Capitol Square Building, 550 Cedar Street, St. Paul, Minnesota 55101, or phoning (612) 296-4018.

A one-day, toll free call-in will be held statewide on Tuesday, October 16, 1984, from 7:30 a.m. to 5:00 p.m. The procedure will be for the caller to dial 1 (800) 652-9747 and ask to be connected to the "State Hospital Study." The state operator will then connect the caller to our phone.

**School Administration:**  
GEORGE GLUM, Superintendent  
THOMAS BLAIR, High School Principal  
JANICE WEES, Elementary Principal

**Board of Education:**  
DONALD JENSEN, Chairman  
ROBERT KETCHMARK, Clerk  
DAVID MACH, Treasurer

## WILLOW RIVER AREA SCHOOLS

INDEPENDENT SCHOOL DISTRICT NO. 577

Willow River, Minnesota 55795

Telephone (218) 372-3131

October 3, 1984

To Whom It May Concern:

As Superintendent of Schools in Willow River, I would like to express my concern over the possibility that the Moose Lake State Hospital might be closed.

If this should happen, it would have a devastating effect on our school district, since most of the families in our school are supported directly or indirectly by the State Hospital.

As an example, half of my School Board works at the State Hospital.

If it weren't for the State Hospital, the D.Y.C. and the Federal Prison at Sandstone, I don't believe we would be able to maintain a school at Willow River.

The area is a low income area as it is now, without removing the major employer of the people who live here.

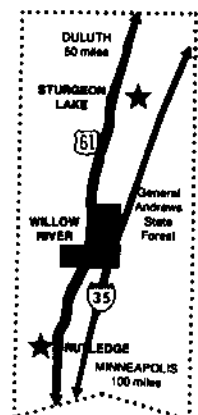
Sincerely,



George Glum  
Superintendent

**Directors:**  
LYLE K. DIETZ  
PAUL RADZAK  
RONALD RADZAK

Equal Opportunity Employer



# Hospital town meeting scheduled for October 3

Efforts of the State Planning Agency's comprehensive evaluation of the state hospital system will be highly evident in Moose Lake once again as a town meeting to discuss the Moose Lake State Hospital has been scheduled for October 3.

The town meeting slated by the State Planning Agency is the last of nine public meetings on state hospitals that will be conducted across the state to gather public input on the hospitals.

According to a release from the State Planning Agency, the purpose of the town meetings is to supplement information gathered on all aspects of the state hospital system. Studies including client and staff needs, economic impact on communities if a state hospital closes, other use of state hospital buildings and whether the state should operate community facilities are presently being conducted by the State Planning Agency.

Colleen Wieck, project director, will present information about the current study projects underway by the State Planning Agency.

(SPA) but the majority of the program has been set aside for audience participation.

Tom Triplett, SPA director, has stated that he has received assurance from the Governor and the Legislature that no state hospitals will be closed until all the facts have been assembled and analyzed. It is hoped that the Town Meetings will generate specific suggestions for the Legislature to consider.

In recent correspondence between the CCC for MLSH and the Governor's office, Triplett's statement was reiterated by Governor Rudy Perpich. CCC for MLSH executive secretary Deanna Vichorek had requested of the governor the status of the over \$890,000 worth of improvements that were approved and appropriated by the 1984 Legislature for the Moose Lake State Hospital. The Governor's letter explained that any improvements to the hospital in Moose Lake, despite previous Legislature approval, are on hold until the completion of the SPA study on state hospitals.

With the receipts of that correspondence, the importance of the Oct. 3 town meeting in Moose Lake looms large. The CCC for  
MEETING continued page 4

**Come to**

## Meeting from page 1

MLSH is hoping for its large turnout at the October 3 meeting at the public meeting held earlier in the year at the State Hospital. Input at the October meeting may prove to be one of the last times public testimony will be received to effect the information compiled on the SPA study of the hospital system.

The October 3 meeting will run from 1:00 to 3:00 p.m. at the Moose Lake High School.

A planning committee consisting of persons from the Moose Lake State Hospital region met on July 12 to make arrangements for the Moose Lake town meeting.

Those members of the planning committee include: Barbara Bluk, Sally Larson, Karin Cosgrove, C. Koski, Allen Brown, Pat Skog, Frank Milczark, CEO, Mark Turgeon, Marjorie Lehman, Rick Harry, Audrey Anderson, Roger Dahlquist, Robert Salmon, Gary Hollengsworth, Simeona Nygren, Nansia Ipstad, Ross Anderson, Dick Buro, Ms. Deanna Vichorek and G. de Johnson.

## FAST PACED PASS THE BUCK

Remember when the news of the \$893,000 worth of physical plant improvements to the Moose Lake State Hospital came out? A somewhat sigh of relief was felt. The relief based on the common-sense rationale that with that much money being put into the building a closing of the facility would be hard to fiscally justify.

That sigh of relief should not even have been a whimper. The news from the Governor's office that improvements to state hospitals, not just Moose Lake's, but across the state, would be delayed until the completion of the State Planning Agency (SPA) study on the hospital system was a good swift kick in the shorts.

High found promises and shouts of exuberation from politicians exclaiming all the improvements they had secured for Moose Lake turn out to be just shots in the dark.

Despite heavy lobbying efforts to secure the large amount of improvements to the physical plant of the Moose Lake State Hospital, the appropriations granted by the 1984 Legislature turn out to mean nothing.

The under lying meaning of the Governor's response on the hold up in the allocating of the appropriated monies for the hospitals is that if the SPA's study on hospitals is not favorable, those allocated improvement funds will go elsewhere.

In other words, if support for the hospital is not shown locally as it was done before, you can kiss those improvements goodbye.

No one knows what the overall study will turn out like from the SPA, but one can only guess that all the statistics and information they gather will be used to fit what apparently looks like a pre-destined determination on the future of the state hospital system.

Even though the scheduled town meeting for Moose Lake is not until October 3, that meeting carries two fold significance. First of all, it is greatly important in the area of the residents in this community and the surrounding communities to effect the public input that was cried out for in the January public meeting. As you remember, the public outcry at that time helped force the repeal of the regionalization plan for state hospitals. It will take the same kind of public participation in October to stress the need for the hospital to remain in its present capacity. Secondly, the Moose Lake meeting is the last of all the public meetings scheduled across the state. There are no more after that to effect input into the SPA study. The compiled information gathered will be assembled after the October meeting so that a report can be made ready for January of 1985. This means that Moose Lake has the last chance to make the significant impression and a significant contribution to the input of the SPA study from the public's point of view.

The October 3 meeting is an afternoon meeting. It will be only two hours long. Surely you can plan now to set aside that time to go to the school and attend the meeting. It will be for the state hospital.

## Moose Lake citizens ask hospital be continued

By Sam Newlund  
Staff Writer

Moose Lake, Minn.

They came to the high school gym in droves Wednesday, at least 700 of them, about half the population of the town.

They were scared, frustrated, angry, indignant, anxious. They were worried about their futures and the town's. Worried about their jobs, their businesses, their homes. Convinced, they said, that Moose Lake State Hospital is a jewel in the firmament and must be preserved.

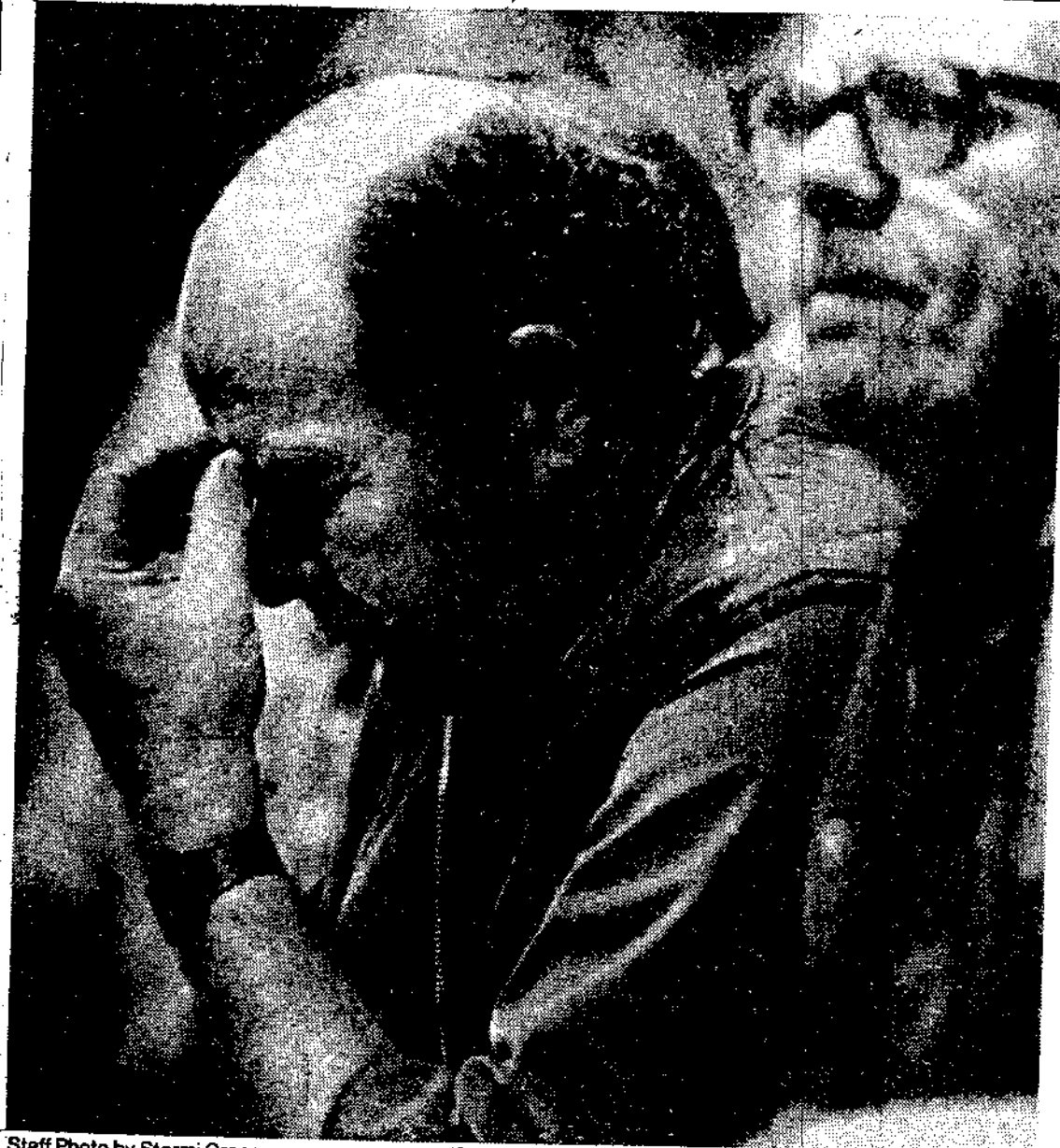
Would the hospital close? The town, the hospital employees, the relatives of patients, the businessmen with an economic stake in the hospital payroll — all wanted to know.

They got no answer. But with unanimous fervor they told two representatives of the state bureaucracy in St. Paul: Don't take our beloved hospital.

It was the second-from-last in a series of state meetings in which anybody who cared could express an opinion about the future of Minnesota's eight state hospitals.

It's a hot issue. The hospital system's population is down and dropping lower. The state Department of Human Services

Moose Lake continued on p.



Staff Photo by Stormi Greener

Bill Wesley, left, a city worker, told a hearing in Moose Lake, Minn., that closing the state hospital would devastate the town.

## Moose Lake Continued from page 1A

which runs the hospital, has talked of reorganization. And it has unveiled a raft of new wrinkles in the treatment of the retarded, wrinkles that would fuel the trend from institutional care to community programs and services.

Nowhere is the issue hotter than in Moose Lake. The town is practically dependent on one industry — Moose Lake State Hospital. It has 450 patients — retarded, mentally ill, chemically dependent and geriatric — and the equivalent of 400 full-time employees. The annual payroll is \$10 million.

That \$10 million is 24 percent of the income of the 20 townships surrounding the hospital, according to a local accountant who compiled a set of figures on the town's behalf.

"It would be an economic and emotional disaster if we would lose the hospital," said former Moose Lake mayor Bruce Kasden. He demanded to know when the state would "alleviate our fears."

Warren Bock, representing Human Services's mental retardation office, said the decision was the Legislature's, not the department's. Was he satisfied with that answer? Kasden was asked later.

"Hell no," he said.

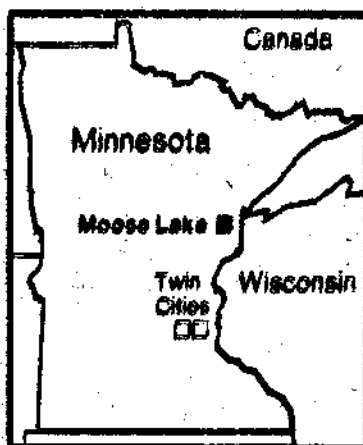
Kasden has a financial stake in the hospital's continuance. He is majority owner of a business block in the center of town, and he has other real estate holdings.

The town virtually closed for this meeting. Most main-street business people had locked their doors and streamed to the high school like basketball fans rushing to a regional tourney.

Joe and Lee Mogen were among them. They recently invested in a new building for their Coast-to-Coast hardware store. But they said it was a leap of faith that, hospital or no hospital, they could stay in business and prosper.

Gordon Newman, who runs Ailer's clothing store, was at the meeting, too. Closing the hospital, he said later, "wouldn't put us out of business but it sure would make it miserable."

Insurance man Len Schmidt said the town of building a \$1.5 mil-



Owen Christianson of Hope Lutheran Church said he wanted to thank hospital people for the impact that counseling and training at the hospital had had on the clergy.

"Because of our ministerial work together with you," he said, "we are called forward to that critical zone — to those beleaguered front-lines where the cries of human pain are the most intense ...."

"You keep us from hiding behind our desks, our collars, our pulpits. Too often, within our perches, we clergy are shielded from the raw truth: about those alcoholic marriages, those violent homes, and, yes, those incestuous families.

"Reality is our friend — even reality at its most painful. For where reality is, there God does his healing work."

Faylene Conaway, mother of a 27-year-old retarded woman, described vast improvements her daughter had made since arriving at the hospital five years ago. In 1979, she would hit herself in the face 225 times in 20 minutes, for example. This was from a staff summary Conaway brought with her.

Now the hitting is once a month. Her daughter used to lie on the floor all the time. Now she never does.

Things like that were why Conaway likes Moose Lake State Hospital. Her simple closing words brought perhaps the warmest applause of the evening:

"I just want you to know I'm behind the hospital," she said. "I don't want it to close."



Staff Photo by Stormi Greener

About 700 people packed the high school



OCT 10 1954

Box 1044  
Minneapolis

October 4, 1954

Sam Newlund

The Trib  
Minneapolis

Dear Mr. Newlund:

I'm weeping here at  
Bridgeman's in Dinktown  
over that bald headed  
toad crying about the  
closing of Moose Lake's  
beloved Snake pit. I  
think I'll compose a  
dirge; an elegy ala

Milton, Shelley or Wordsworth, or  
is it Tenison for Arthur Hallam?

Ya meander nuts is a  
gonna be on the streets! I'll  
~~move~~ myself; move to the  
outskirts of town. I don't want  
any of them nuts hangin' round.

Close the place down;  
let all them bloodsuckers  
find sumthin' else to do.

Maybe we could put 'em all  
in a zoo: artifacts, the pinheads,  
be, to a demented age; a forelorn  
time; an insipid quagmire of  
stultified thinking. To be a member



## Health Systems Agency of Western Lake Superior

202 Ordean Bldg., 424 West Superior Street  
Duluth, Minnesota 55802 / 218/727-8371

October 3, 1984

Colleen Wieck, Ph.D., Director  
Developmental Disabilities Program  
State Planning Agency  
201 Capitol Square Building  
550 Cedar Street  
St. Paul, Minnesota 55101

Dear Dr. Wieck:

The Health Systems Agency of Western Lake Superior includes in its planning area Koochiching, Itasca, Aitkin, St. Louis, Carlton, Lake and Cook counties. All of these except Aitkin are in the catchment area of Moose Lake State Hospital and comprise 6 of the 11 counties included in the mental health catchment area.

The 1985-1989 Health Systems Plan emphasizes the need for a coordinated continuum of care with the structure, supervision and variety of on-site services a state hospital provides at one end, and independent living, competitive employment and community based supportive service at the other end.

Although the designated MI beds at Moose Lake State Hospital have not been used to capacity, it is clear that there is need for some state hospital based beds. It is also clear that community resources have not been adequately developed at this point to compensate for closure of the State Hospital. The Commissioner of Public Welfare, in his address to the legislature on Rule 36 in March 1983, estimated that in Minnesota there are approximately 7,000 Minnesotans currently not in any residential programs whose needs are appropriate for a Rule 36 facility. If this number is proportionately distributed about the state, there are approximately 590 persons in Northeast Minnesota (Cook, Lake, St. Louis, Carlton, Aitkin, Itasca and Koochiching Counties) who fit this criteria. There are 135 licensed Rule 36 beds in our area and calculating 4 beds in each board and lodging facility for mentally ill people there are a total of 199 beds available to this population (HSA/WLS data file, 1984).

The Health Systems Agency of Western Lake Superior strongly urges the State to maintain at least a portion of Moose Lake State Hospital in its present form and look for alternative uses for the remainder of the hospital campus.

Many suggestions for alternative uses have already been made informally, such as using some portion of the hospital for a V.A. hospital. This idea is feasible and would have our support.

It would seem that with the increasing emphasis on innovative treatment for multiply disable clients (e.g. MI & CD, MI & MR), the fact that State hospital treats these individual populations under one roof anyway, indicates it has resources and expertise in each area and potential to become a model treatment center. This would initially cost the State for program development and staff training, but in the long run the hospital could become a consultant and training center and provide revenue for the State.

Sincerely yours,

*Wende Nelson*

Wende Nelson,  
Executive Director

*Carrie Holt*

Carrie Holt  
Mental Health Planner

mng

It is my impression that one of the most pivotal and critical episodes in the life of the individual being treated for mental illness is his initial release from hospitalization. The events which occur in the life of the individual at this time may largely determine whether he will live out the rest of his life as a "revolving-door" recidivist or as an independent and accepted member of the larger human community. At this point in the recovery process, the individual is often in need of support systems that many communities and treatment facilities may be unable to provide.

Perhaps the most exciting development relative to support systems, as well as one of the most reductive in terms of cost and recidivism, has been the client-community system. In this type of system, individuals with mental health problems live together in a community, such as a boarding home, and support each other emotionally and psychologically. Additionally, clients who are successful and achieving act as role models for the remainder of the community.

A very successful program of this type involved a boarding home type living situation in which all residents, including staff, had experienced mental illness. The employment rate of residents was near 100 per cent. Why was this program so successful? Perhaps one of the most important reasons was the existence of successful client role models. Like Alcoholics Anonymous and similar groups, people experiencing similar problems generally have much greater influence on one another as role models.

Given the success of such methods, what are the reasons why these methods have not been employed on a more general basis? Why should not part of the facilities of a State Mental Hospital, such as Moose Lake, be used to house such a community, rather than simply closing down the facility? The costs would be minimal. The buildings are already in existence, and new ones would not have to be built. Additionally, the need for support personnel, such as Occupational Therapists, Psychiatric Technicians, etc. A program like this would be analogous to a client-run group home on-campus. This client community would promote the ultimate positive role model, clients like themselves who have achieved success, with minimal staff supervision. Hospital treatment would lead very naturally into this type of group home. This type of group home could be the first step beyond hospitalization in a continuum of care, with a greater degree of independence occurring along each step of the continuum.

and other  
professional  
personnel  
would continue

Sincerely:

*James L. Montague*  
James L. Montague

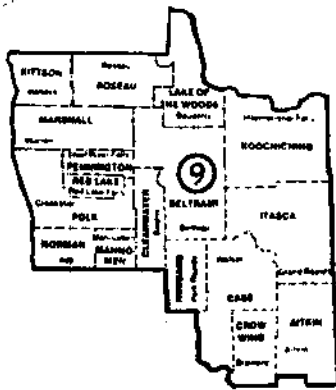
1. We recommend that clients who are placed on the waiver be able to receive the equivalent of care in the community that they are now receiving - 24 hour nursing coverage, on-going medical evaluations and treatment.
2. We recommend that a RN who is currently employed by the state be on the team to evaluate who is placed on the waiver.
3. We recommend that normalization for clients in group homes be looked at closely in regard to how restrictive the home is in relation to their self-preservation skills.
4. We recommend that those clients who are placed on the waiver be able to retain any adaptive equipment they rely on and need to maintain their present level of independence and be able to acquire new equipment as necessary.
5. We strongly recommend that interested families of clients being considered for the waiver be able to present their feelings and attitudes toward the move.
6. We recommend that the clients being considered for waiver be screened very carefully so that their medical needs are not placed in jeopardy. Many of our clients need frequent, if not daily, medical intervention that may not be made available in the community.
7. We recommend that prior to the move to waived services, a complete outline of the standards to be used in maintaining and regulating the group homes be made available to current state hospital staff (e.g. Vulnerable Adult, Infection Control, JCAH type standards, Rule 34, etc.).
8. We recommend that the RNs working within the state system at this time be given preference to working with those placed in the waived system. The reasons are: 1) experience working with MRs, 2) familiarity with current standards, 3) able to act as advocate because we care about them as individuals.
9. We recommend that if the hospital closes we be provided jobs within the reconstructed waiver plan. If the state is unable to continue employment, we expect severance pay in relation to length of employment, continuation of insurance coverage at present cost for a maximum of 12 months or until new employment is secured. If the state is able to relocate us for new jobs we would expect relocation expenses comparable to private industry. If necessary, we expect the state to pay for education to acquire updated skills to function in new positions.
10. We recommend that prior to the waiver plan being put into effect, a chain of command be established to provide care givers with the following information: 1) who reports to whom, 2) who provides in-service and evaluations, 3) what each job description is responsible for.
11. We recommend that all people involved in designing the waiver be made aware of how traumatic any changes are to our clients. If their routines are changed, many behavior problems can be anticipated so that their adjustment period should take that into account.
12. We recommend that group homes be developed in a cluster fashion so that services rendered by supportive services be more readily available. If located in close proximity, services would be attainable with greater ease (e.g. one RN could possibly work with several homes if not too far apart).
13. We recommend that medical resources in the community be in-serviced and desensitized so that they will be able to care for those in group homes. When our clients have had the need for consulting physicians in the community they have not always received the care

a "normal" person would receive. We, as staff, have had to "weed" out physicians so that we know which ones are willing to care for our mentally retarded individuals.

14. We recommend that those placed in group homes have a qualified (RN, LPN, non-licensed medication aide) on duty at all times to provide adequate coverage for administering medications. They also have a RN available to monitor and evaluate the med passers, be able to monitor for tardive dyskinesia and the MED program be it on a daily, weekly or monthly basis.
15. We recommend that prior to any client being placed in a group home an alternative be available if the placement does not succeed.
16. We recommend that staffing in a group home setting be at 2:1 to ensure maximum programming and normalization.
17. We recommend that great efforts be made to place group homes within a 10 minute radius of an emergency facility.
18. We recommend that those clients placed in group homes be monitored on a monthly basis as to medication dosages - following the MED as in the state hospital setting and the tardive dyskinesia ratings. We strongly recommend that clients are not placed on medications for the convenience of staff or influence on the community. We recommend that strong programming be used as in the current hospital setting.
19. We recommend that a plan of action be spelled out prior to any client being placed in a group home to ensure adequate coverage if an emergency should arise, be it medical, aggressive acts or assaultive behavior.
20. We recommend that each group home have available emergency equipment (oxygen, ambu bag, airways, suction) and that staff are in-serviced on a scheduled basis on how to use it.
21. We recommend that RNs currently in the state hospital system be part of the team to determine what responsibilities the RN in the group home will be liable for. We strongly recommend working with each county in developing their plan.

Should MLSH be closed please consider:

1. VA hospital or veteran's home.
2. Long term AA residential facility (i.e. board and care for the chronic alcoholic).
3. Can we turn cottages into mini-residential programs not state operated but leased from the state?
4. Disabled school for training to increase productivity (i.e. sheltered workshop for handicapped training).
5. Skilled care nursing home.



**State of Minnesota**

## Ninth Judicial District

**Court Administrator**

D. J. Hanson

P.O. Box 367

Beltrami County Courthouse, Bemidji, Minnesota 56601

(218) 751-7300, Ext. 168

October 3, 1984


Mr. John Bloom  
Acting Chief Executive Officer  
Fergus Falls State Hospital  
Box 157  
Fergus Falls, MN 56537



Dear Mr. Bloom:

Enclosed please find a Resolution adopted by the Judges in the Ninth Judicial District pertaining to the Fergus Falls, Brainerd, and Moose Lake State Hospitals. The enclosed Resolution was adopted at their semi-annual meeting on September 28, 1984.

Yours truly,

  
D. J. Hanson  
Court Administrator  
Ninth Judicial District

DJH:jb  
Enc.



STATE OF MINNESOTA

NINTH JUDICIAL DISTRICT

It has come to the attention of the Judges of the Ninth Judicial District that the State of Minnesota Planning Agency is reviewing the status of the Brainerd State Hospital, Fergus Falls State Hospital, and Moose Lake State Hospital, which currently provide necessary and useful services for the mentally ill and mentally retarded.

Whereas, the Judges of the Ninth Judicial District are concerned that suitable facilities for the treatment of the mentally ill and mentally retarded are reasonably available to meet the needs of the Ninth Judicial District.

Whereas, the services provided by the Brainerd State Hospital, Fergus Falls State Hospital, and Moose Lake State Hospital satisfactorily meet the needs of the mentally ill and mentally retarded who come before the Court, in a manner better than that of any other treatment facility, group home, or foster home presently available.

Whereas, it is not economically feasible for the individual counties in the Ninth Judicial District to provide localized facilities capable of providing the same level of care as that presently provided by the Brainerd State Hospital, Fergus Falls State Hospital, and Moose Lake State Hospital.

Whereas, distance to a suitable facility is an ever present problem in the Ninth Judicial District, but one that is necessitated by such a large geographical area.

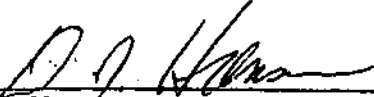
Whereas, any requirement establishing a different and more remote facility as a receiving facility will only compound the distance problem and cause additional economic, and personnel problems on the individual counties and visitation constraints upon family members.

IT IS THEREFORE RESOLVED, the assembled Judges of the Ninth Judicial District comprising the Counties of Aitkin, Beltrami, Cass, Clearwater, Crow Wing, Hubbard, Itasca, Kittson, Koochiching, Lake of the Woods, Mahnomen, Marshall, Norman, Pennington, Polk, Red Lake and Roseau urge the Governor of the State of Minnesota to make no change in the level of services provided to the individual counties by the Brainerd State Hospital, Fergus Falls State Hospital, and Moose Lake

(2)

State Hospital for the mentally ill and mentally retarded until and unless the same services can be provided by a similar facility that is no more remote than is the Brainerd State Hospital, Fergus Falls State Hospital, and Moose Lake State Hospital facilities.

Dated: September 28, 1984

  
\_\_\_\_\_  
D. J. Hanson  
Court Administrator  
Ninth Judicial District  
Recording Secretary



# State news

Minneapolis S

Friday  
December 21/1984

## New uses for a state hospital studied

By Sam Newlund  
Staff Writer

Minnesota officials are exploring with the federal government the possible conversion of one of eight state hospitals into a veterans' home or a minimum-security prison.

The state's Washington lobbyist, James DeChaine, said Thursday that he has talked with Norman Carlson, director of the federal Bureau of Prisons, about a minimum-security prison but got a "wait and see" response. A bureau representative has visited at least one hospital, according to Tom Triplett, state planning director.

DeChaine said he also has begun sounding out the Veterans Administration about converting a hospital into a state-operated veterans' home financed partly with federal money.



The conversion of a state hospital into either a prison or veterans' home would be one answer to a dilemma facing state officials — how to pare down the state hospital system, which has a growing surplus

of space, without inflicting massive unemployment on hospital employees and economic catastrophe on hospital communities.

At the same time, the federal prison system and the state Department of Veterans Affairs predict a growing need for space.

There is precedent for such conversions. In 1977, Hastings State Hospital was closed and converted into a state veterans' home; in 1982 Rochester State Hospital was closed and became the site of a federal prison hospital.

One state official, who declined to be identified, said the probable course would be to turn Moose Lake State Hospital into the third state-operated veterans' home.

"There has been a growing head of steam behind the need for such a

facility," the official said. He said a conversion at Moose Lake likely would occur in the next two years. He said William Gregg, state commissioner of veterans affairs, "seems to be quite certain of the availability of money" and "seems to have his eye on" Moose Lake.

Gregg said only that any of the eight hospitals were possible sites for a new veterans' home.

He said the Veterans Administration would reimburse about one-third of the cost of housing nearly 800 veterans if the maximum new space were added.

The Minneapolis veterans' home has 346 skilled nursing home beds, mostly occupied by elderly patients, and 200 boarding care beds. The Hastings home has 200 boarding care beds.

An interagency board of state officials is to meet today to recommend to Gov. Rudy Perpich and the 1985 Legislature how to handle the increasing empty spaces in the state hospital system.

They will act after reviewing options outlined by the State Planning Agency, which for nearly a year has collected data on jobs, patient loads, buildings, energy use, economic impact and other factors.

Of eight hospital communities, Moose Lake emerged as the most vulnerable to closing because of its heavy reliance on hospital jobs. But little sentiment has surfaced among legislators for closing any institution in the next two years.

A conversion, however, would preserve many jobs and minimize any loss of spending power for patrons of local businesses.

# Fear of hospital closing looms over Moose Lake

MOOSE LAKE (AP) — The people that packed the high school gym were scared, frustrated, indignant, angry and anxious. They numbered more than 700, about half the population of the northeastern Minnesota city of Moose Lake.

They were worried about their jobs, their businesses, their towns, and they wanted to know from state people what lay ahead for Moose Lake State Hospital.

Specifically, the businessmen, hospital employees and patients' relatives had one question in mind: "Is the state going to close the hospital?"

They got no answer at the Wednesday night meeting, the second from last in a series of state meetings dealing with the future of Minnesota's eight state hospitals.

The hospital system's population is dropping, and the state Department of Human Services has talked of reorganization. The department has talked of new ideas in the treatment of the retarded, and of the trend from institutional care to community programs and services.

Nowhere is the issue hotter than in Moose Lake. The town is practically dependent on the state hospital, its largest employer. The hospital has

450 patients, and the equivalent of 490 full-time employees with an annual payroll of \$10 million.

That \$10 million is 24 percent of the income of the 20 townships surrounding the hospital, said a Moose Lake accountant who compiled a set of figures on the town's behalf.

"It would be an economic and emotional disaster if we would lose the hospital," said former Moose Lake mayor Bruce Kasden.

Warren Bock, representing Human Services' mental retardation office, said the decision was the Legislature's, not the department's. Kasden, majority owner of a

downtown business block, was asked later if he was satisfied with the response.

"Hell, no," he said.

Joe and Lee Mogen said they recently invested in a new building for their hardware store. But they said they had faith that, hospital or no hospital, they could stay in business.

Insurance man Len Schmidt said he's thinking of building a \$1.5 million industrial plant. But fear that the hospital may close, he said, "makes me nervous as hell."

Colleen Wieck of the State Planning Agency and planning consultant

Miriam Karlins represented the state at the meeting, and at the others which have been held. State Planning has the task of doing research and gathering public opinions for the Legislature's guidance next year.

But Sen. Florian Chmielewski, DFL-Sturgeon Lake, called the process "a real slap in the face" in view of recognition that the hospital is of such high quality. He said legislators are forming a coalition "to save a system that we think is unique in the nation."

Other speakers had varied reasons for their hospital to be left alone. They said it gives excellent care, that some patients just can't make it without being hospitalized, that the cost of transporting patients greater distances for commitment hearings would be a drain on the sheriff's budget.

Rev. Owen Christianson of the Lutheran Church said he was troubled by the hospital's training of the clergy.

"You keep us from hiding behind our desks, our collars, our pulpits," the pastor said.

Paylene Conaway, the mother of a retarded woman, said her daughter had made vast improvement since arriving at the hospital five years ago. "I just want you to know I'm behind the hospital," Mrs. Conaway said. "I don't want it to close."

The concerned people of Moose Lake applauded.

## No promises made at hospital town meeting

"It's a real slap in the face," stated State Senator Florian Chmielewski referring to the State Planning Agency study of state hospitals. Chmielewski's comments came at the town meeting lasting Wednesday scheduled to discuss the Moose Lake State Hospital.

Over 650 people attended the mid-afternoon meeting. Businessmen closed their doors in Moose Lake, hospital employees, business employees and concerned people from throughout the area came to hear a variety of speakers and make a pressing argument for the continuation of the Moose Lake State Hospital in its present capacity.

Colleen Wieck and Miriam Karlins of the State Planning Agency both addressed the crowd and cautioned that the town meeting process was just one step in the SPA study of the state hospital system and that the decision for the hospital closures rested with the Legislature. Looks of disbelief were prevalent over the statement made by Karlins that no decisions had already

been made to close one or more of the hospitals in the state.

The Coalition of Concerned Citizens for Moose Lake State Hospital helped organize an extensive agenda of speakers for the meeting. Included in the presentations were reports of the excellence of the Moose Lake State Hospital from officials of counties served by the local system.

Of all the presentations made, three seemed to touch the crowd the most. Those presentations were on the economic impact the hospital has on the area, one from a private sector care facility, and another from the parent of a client in the Moose Lake State Hospital.

Larry Peterson's presentation

HOSPITAL continued page 4

# Star-Gazette

## BLUE LINE CLUB MEETING

Members of the Blue Line Club will be having a meeting on Monday. October 18 starting at 7:30 p.m. at Camper's Supper Club. All members are urged to attend.

GENEALOGICAL SOCIETY

The Genealogical Society of Galton County will meet at 7 p.m. on October 18, 1984 at the Garfield Community Center. Clauquet Barb Sommers of

of showing that of the \$10 million payroll furnished by the hospital, that figure represents 24 percent of the total income of the 20 townships that surround the hospital struck a note with many people present that they already know- that the hospital is the area's life blood.

Peggy Vincent of the Eagle Lake home demonstrated that even though she is from the private care sector, an area being considered by the state rather than institutions, the Moose Lake State Hospital plays a vital role. Vincent sited that there are many cases that just could not be handled in any other fashion than a state hospital.

The most inspiring presentation came from Faylene Conaway, the mother of a 27 year-old retarded client in the Moose Lake State Hospital. Conaway stated that before her daughter came to the Moose Lake facility, there were many problems and she could not praise the staff of the hospital enough for the vast improvements her daughter has made since becoming a client in Moose Lake.

Conaway's statements brought applause from the crowd that was inspired by the warmth of the story rather than the cold facts of how much the hospital financially means to the area.

All of the comments at the meeting were taken down in transcript form to be presented to the 1985 sessions of the Legislature for their determination on the future of the hospital system.



**MOOSE  
LAKE**

# STAR-GAZETTE

*Moose Lake is the South Gateway to the Minn.*

Our 89th Year Number 25

Thursday, June 21, 1984

Moose Lake, MN

4 pages

## Coalition enlists executive secretary

Earlier this month members of the Executive Committee of the Coalition of Concerned Citizens for Moose Lake State Hospital (CCC for MLSH) unanimously acted to appoint Deanna Vichorek to the position of Executive Secretary and Coordinator for the Coalition.

The June 4th appointment by Coalition members marks the first paid position of the Coalition since its inception in December of 1983. Previously coordination efforts were handled on a volunteer basis.

The appointment of Vichorek to the Executive Secretary and Coordinator position was deemed necessary by Coalition members in order for a successful and more complete monitoring of legislative action and future plans for the State Hospital System could be accomplished.

According to Vichorek a general job description for her position includes reporting the status of all legislative bills regarding state hospital and mental health care for our area and how these bills may influence or affect the area.

Other duties include attending and providing input at hearings in the House and Senate and Human Services activities as they affect Moose Lake; maintain close relations with area legislators, Administrator of MLSH and Coalition members and Union officials. The job description also includes acting as a liaison with state legislators, county supervisors, mayors, councilmen, township officials and other state officials and agencies; act as a resource to other sub committees regarding state hospitals; coordinate information and advise Coalition members; arrange meeting dates; assist and prepare testimony to the public on issues and proposals by the Legislature as they arise and act to organize support from friends of the Coalition and the general public.

"Being in the law practice work before, you get to know the ins and outs of politics," commented Vichorek on her appointment. "now I will have the time to follow up on it."

Since her June 4th appointment, Vichorek has attended a

meeting of the mental health agency in Duluth, a meeting in Cambridge regarding the new plan for state hospitals and a



meeting in St. Paul where Dr. Robert Carl spoke on the Rhode Island plan for state hospital residents and employees. Previously executive committee mem-

bers had been attempting to attend such meetings, but scheduling of time to cover such a vast area was often impossible.

"If we find out the information on time," stated Vichorek, "we can act on it and rally the community to support the hospital again."

Vichorek mentioned that a special meeting has been set this Thursday, June 21 at the Moose Lake State Hospital at 10:00 a.m. with the Minnesota State Planning Agency. The meeting is in regards to the Dick Welch bill which contains proposals for the future of state hospitals. The meeting is part of the state planning agency information gathering tour of the state to develop recommendations for the future of state hospitals.

## Deanna Vichorek named to CCC position

On June 4, 1984 the Executive Committee of the Coalition of Concerned Citizens for Moose Lake State Hospital (CCC for MLSH) unanimously acted to appoint Deanna Vichorek to the position of Executive Secretary & Coordinator, on the basis of pay for-services-rendered contract. Such appointments was considered necessary in order that the Coalition may successfully monitor the development of bills and plans for State Hospitals regarding the care of Mentally Retarded, Mentally Ill, Chemical Dependents and Geriatrics.

A general job description of the Executive Secretary and Coordinator was established as follows: Report to the Executive Committee the status of all legislative bills regarding state hospitals and mental health care for our area and how these bills may influence or affect our area;

monitor and provide input at hearings in the House and Senate and Human Services activities as they affect M.L.; maintain close relations with the area legislators, Administrator of MLSH and Coalition members, also the Union at MLSH and key officials and individuals in our area who are in contact with the State Departments;

act as a resource to other sub-committees regarding state hospital situation; coordinate information and advise Coalition members, set up meetings; act as a liaison with state legislators, county supervisors, mayors, councilmen, township officials and other state officials and agencies;

assist and prepare testimony to the public on the issues and proposals by the legislation as they come up; act to organize support from friends of the Coalition and the general public; attend all pertinent meetings on state hospitals and health care residents.

"Since June 4th, the day of my appointment as Executive Secretary of CCC for MLSH I have attended a meeting of the mental health agency in Duluth, a meeting at Cambridge regarding the new plan for state hospitals, a meeting in St. Paul where Dr. Robert Carl spoke on the Rhode Island plan for State Hospital residents and employees, two meetings with State Hospital personnel and administration," commented Deanna.

"There is a meeting scheduled for Moose Lake on June 21, at 10 a.m. with the Minnesota Planning Agency in regards to the Dick Welch bill, which pertains to the future of state hospitals. The committees have until January 31, 1985 to come up with answers and solutions in regards to state hospitals. A report will be coming out after this meeting on the information provided us," she further explained.



Deanna Vichorek



# Planning agency head denies rumors

by Stacie Vogel

"No decision has been made by the Governor, to my knowledge, by the Legislature that any institution in the state of Minnesota will be closed," stated Tom Triplett, Director of the State Planning Agency (Interagency Board). Triplett made this statement at the June 21 meeting at the Moose Lake State Hospital.

The Interagency board, known as the Institution Care and Economic Impact Planning Board, has been authorized by the Legislature to do a comprehensive study of the state hospital system. The agency's tasks include developing a plan that contains proposals which include protecting the interests of the employees and communities affected by the deinstitutionalization of the state

hospitals and also conduct an economic impact analysis.

In order to develop their plan, employee of the State Planning Agency Fred Grimm explained, a consultant named Bill Bednarczyk will visit each state hospital and every employee will receive a survey. The reasons for conducting this survey is to collect information on the economic impact, discover employees preferences if the present system should change, and also to find out what their opinions are. Grimm also explained that the legislature requires an energy audit of the facilities.

The board must report their studies back to the legislature by January 31, 1985. One Moose Lake State Hospital employee

voiced his concern as to who makes the final decision at this point to close two of the Minnesota facilities. Triplett stated that the final decision is in the hands of the legislature. Triplett also emphasized at the meeting that the board "will NOT in the course of this study be making the final decision."

The Assistant Director of the State Planning Agency explained that the board consists of several departments. He continued to say, "The large group reflects the complexity of the kinds of issues that we are dealing with. It is no longer just looking at clients." He added, "The legislature recognizes the complexity, and the community and employee kinds of issues that have to be dealt with

as changes take place." He also explained seven separate studies which will be engaged. They include Costs, Residents and Patients, Services, State Employees, Facilities, Economic Impact and Public Information.

Senator Florian Chmielewski who was also present at the meeting commented that, "In order to dissolve concern we've had here that has been persistent for so long, it is our responsibility to face those facts and seek alternatives that may effect an institution like this." He also made it clear that as a community we must seek alternative uses for cottages as the dwindling population is a reality. Chmielewski looked positively into the future

MLSH continued page 3

**MLSH** from page 1

and said, "Hopefully, as we look down the road, it would by my guess, that in the next legislative session we will be sharing the information that you provide to us for discussion."

Miriam Karlin, another member of the Interagency Board, explained her role. As part of the public information process she will be setting up meetings in the 8 towns where the Minnesota State Hospitals are located. First the town meetings are set up to provide sufficient public input. They will give the public the opportunity to respond, voice their concerns and ask question. Also at this time (yet to be determined) Karlin will share information derived from the studies. The public will be informed in advance of the exact date of the town meeting so people will be given an adequate amount of time to write or phone in their comments if they are unable to attend, added Karlin. "For this project to succeed," added Triplett, "we have to have your help." He explained that without everyone participating they (the Board) will not be able to present accurate data to the legislature, thus causing them to act "in the dark".

Triplett gave one hint as to how the community must do and how why the hospital is for community.



Photo by Stacie Vogel



Mike McKinney addresses the people who came to last Wednesday's town meeting on the hospital. McKinney stated the doubtfulness of the hospital's

future has delayed his company's plans to build in Moose Lake.

## o promises made at hospital town meeting

a real slap in the face," State Senator Florian Chmielewski referring to the Planning Agency study of hospitals. Chmielewski's comments came at the town meeting lasting Wednesday night to discuss the Moose Lake State Hospital.

650 people attended the afternoon meeting. Businesses closed their doors in Moose Lake to allow hospital employees, business employees and community people from throughout the area to come to hear a variety of presentations and make a pressing statement for the continuation of the Moose Lake State Hospital in its present capacity.

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Larry Peterson's presentation

HOSPITAL continued page 4


**Star**


**Gazing**

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**BLUE LINE CLUB MEETING**  
 Members of the Blue Line Club will be having a meeting on Monday, October 15, starting at 2:30 p.m. at the Moose Lake Supper Club. All members are urged to attend.

**GENEALOGICAL SOCIETY**  
 The Genealogical Society of Carlton County is having a meeting on Monday, October 15, at 7:30 p.m. at the Moose Lake Supper Club.



VOLUME III EDITION XIV

# Arrowhead Leader

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## Governor's Staff Visits hospital to evaluate

by Lois E. Johnson

Several members of Governor Perpich's staff who are part of the Minnesota State Planning Agency visited the Moose Lake State Hospital on Thursday, June 21st.

The group has visited all of the State Hospitals in Minnesota in an effort to communicate to the employees and communities that an in-depth study is to be conducted and information is needed.

Agency head, Tom Triplett, announced that no decision has been made to close any hospital. "We've all learned from our mistakes," he said.

All the information received will be compiled and a report given to the

governor by January 31, 1985, it was said.

The Legislature will make a final decision on the matter.

Triplett said that due to the declining population of the hospitals, something has to be done. "We want information and ideas so that we can do this in a way that will have the least harmful effect on the employees and the community."

Areas of study include: costs, residents and patients, community services that could be offered by employees, status and characteristics of employees, analysis of the building, the economic impact on the community, and public information.

Agency member Fred Grimm announced that all State Employees will be asked to complete a survey regarding their income, spending, and savings patterns. The survey will also ask preferences for future work.

Grimm stressed that no signatures will be needed about the quality of care and the problems created when mentally retarded clients are placed in facilities outside of the State Hospital.

Triplett said that the client's home county and community will be investigated as to the availability of beds, the cost, and the services that can be provided.

"If you have concerns, help us, we're not cast in iron," said Karlins.

"During Governor Perpich's first term in office, he visited the Moose Lake Hospital," said Senator Chmielewski. "I was with him when he said, 'This is the finest institution in Minnesota'."

Chmielewski asked for the kind of information that will be needed to "show his colleagues that this is the kind of institution that the Governor said it was."

Due to his position on the Welfare Committee, Chmielewski said he will be able to monitor the proceedings. He also stated his intention to keep close touch with the people in this area.

"Down the road, I can't predict what happens. We need information. We're counting on you," Chmielewski said.

## Coalition appeals for large turnout at meeting

The last of the series of town meetings on state hospitals being conducted by the State Planning Agency will be held in Moose Lake on October 3 from 1-3 p.m. in the Moose Lake High School.

Before the October 3 date, town meetings will have been held in all the other cities that house a state hospital facility.

Members of the Coalition of Concerned Citizens for Moose Lake State Hospital have met several times recently to prepare for the town meeting. A tentative agenda for the meeting, along with a plan of presentation have been worked out by Coalition executive board members.

The town meeting is the final phase in information gathering by the State Planning Agency to complete a comprehensive report to the governor and the state legislature on what direction should be taken in regards to state hospital facilities. Previous

information gathered by the State Planning Agency included material about the physical plant of the hospitals, employee information, economic impact and patient care. The information to be presented at the October 3 town meeting is to round out the scope of concerns from the remaining factions of the general public.

The testimony that will be taken at the town meeting will include presentations on patient care, judiciary options, legislative and ministerial perspectives, economical impact and feelings of friends and relatives of clients of the hospital system.

Coalition executive board members and executive secretary Deanna Vichorek are urging for as large or even larger turnout than the public meeting held in January of this year at the Moose Lake State Hospital Auditorium. Bus transportation and additional parking space are presently being worked on to provide for the maximum amount of convenience for people of the area to attend.

Many businesses will also be closed for the duration of the two hour meeting to allow for employees to attend the information gathering session. More information regarding the bus schedule and business closings will follow in the weeks to come before the meeting date.

Although the town meeting is set to be a highly structured presentation, a show of support is needed, according to the Coalition, in order to remind planning agency personnel and Department of Public Welfare officials that the residents of the counties that are served by the Moose Lake State Hospital take great pride in the facility in Moose Lake and the services that it provides.

The need of citizen participation is not only local, but from all counties in the area served by the Moose Lake State Hospital. Coalition executive secretary Deanna Vichorek also reminded area residents of the need not only to show strength on the local level but also at the Federal level.

Senate bill SR053, introduced by Senator Chafee in February of this year could also play a significant role in the future of the state hospital system regardless of actions taken at the state level.

The Chafee bill calls for the cutting of Medicare reimbursement payments for mentally retarded clients in institutions or community homes of over 15 bed size. No action was taken by the Congress earlier in the year, but a review of the bill is expected in this session of Congress. A letter writing campaign to Minnesota Senators and Representatives is being urged by the Coalition. Eighth District Representative James Oberstar and Senators Dave Durenberger and Rudy Boschwitz have been made aware of the feelings of the Coalition about the Chafee bill, but responses from the general public urging a defeat of that proposition would help the crusade to defeat the bill.

## CCC update

The Coalition of Concerned Citizens of Moose Lake, in trying to keep on top of the progress on the State Hospital situation at state level, has sent Deanna Vichorek to several meetings this past month.

August 17th, the Intraagency Board met in St. Paul where there was a run down given on the progress of the study on state hospital in progress.

One of the studies commented on was the Employee Study given to each of the nine state hospitals. Percentages of employee participation are: Anoka-63%, Cambridge-60%, Fergus Falls-64%, St. Peter-54%, Willmar-67% and look at Moose Lake-75%, (Thanks for taking the time to do this and for your concern). The other two hospital studies were not completed at the time of this meeting.

Vichorek said they also had a high energy-efficiency rating as compared to the other hospitals.

August 22nd and August 29th, the Cambridge and Faribault Town Meetings were attended for input and a fact finding mission. About 400 people



Deanna Vichorek

attended each of the meetings.

The Coalition has been in contact with the mayors of all the surrounding communities for support and attendance if possible at our town meeting on October 3, 1984 at 1-3 p.m. Also the area legislators, civic organizations, ministerial association, law enforcement, schools, businessmen and

employees of the state hospital have been informed of the importance of this town meeting.

Community - please keep this date and time in mind, and if at all possible please attend the Moose Lake Public Town Meeting. DATE: October 3, 1984, TIME: 1 - 3 p.m., PLACE: Moose Lake High School auditorium.